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## Accident Compensation Corporation case management:

Progress on  
recommendations  
made in 2014



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Accident  
Compensation  
Corporation case  
management:  
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# Auditor-General's overview

E ngā mana, e ngā reo, e ngā karangarangatanga maha o te motu, tēnā koutou.

In 2014, we looked at how well the Accident Compensation Corporation (ACC) used a case management approach to support claimants to recover and rehabilitate from serious injuries. We wanted to know how well ACC worked with claimants so that they received the highest practicable standard of service and whether it treated them fairly.

We found that ACC did not provide claimants who had different types of treatment and rehabilitation needs with a consistent quality of service. This included the extent to which ACC put claimant needs at the centre of treatment and rehabilitation decisions.

We concluded that ACC needed to have a more “claimant-centred” approach, particularly for claimants with complex needs.

I decided to carry out a follow-up audit to see what progress ACC had made in addressing the four recommendations we made in 2014.

ACC has made good progress in implementing three of the four recommendations we made in 2014:

- Case managers now have better access to guidance and advice to make the most appropriate decisions about treatment and rehabilitation for claimants.
- Claimants now have easier ways of providing feedback during their recovery. ACC is learning from, and acting on, claimant feedback more transparently. It has also strengthened its internal monitoring of, and reporting on, the quality of its services and how it builds staff capability to reach expected levels of performance.
- Claimants with complex needs can now expect a more consistent service through a case management approach designed to support them. This approach is called Partnered Recovery. ACC is actively seeking feedback from these claimants to help it understand and address their support needs better.

The pathway to a full rehabilitation and return to a claimant's previous life (as far as these can be achieved) can involve moving from the care of ACC to other public organisations, such as Work and Income. This transition can lead to claimants feeling uncertain and anxious. This is particularly acute for those needing interim income support while seeking new or different employment.

We expected to see a clear framework and processes that support a seamless and well co-ordinated transition. A framework would support case managers to do all they practically can to plan for, inform, and prepare claimants for this transition.

In my view, ACC has not made enough progress in improving its processes to prepare claimants for this transition. I would like to see ACC do more to address this fourth recommendation.

Planning and preparing for this transition is critical, both when the claimant enters the ACC system and throughout their time with ACC. This needs to involve the claimants, their whānau, their treatment and rehabilitation providers, ACC case managers, and the staff of other relevant public organisations.

In 2017, ACC began testing and refining a new case management approach called Next Generation Case Management. The new approach aims to put claimants at the centre of ACC's case management services by better understanding their wider needs and challenges to recovery, and by working more closely with those who need the most support.

Although ACC has been developing the Next Generation Case Management approach for some time, it has not fully embedded the approach yet. This means that it is too early to know with certainty whether it will fully realise its potential benefits. Although it has taken some time to fully implement the Next Generation Case Management approach, there are some positive signs. For example, ACC's initial monitoring suggests that, under the new approach, claimants see their interaction with ACC as fairer and that they are more satisfied with the support they get from ACC. In my view, the Next Generation Case Management approach has the potential to support better claimant outcomes.

The Next Generation Case Management approach is consistent with ACC's goal towards becoming more claimant-centred. I acknowledge ACC's commitment to continuously improving the approach by growing staff capability, monitoring case management performance, and developing insights from claimant feedback.

I encourage ACC to continue to focus on better understanding and meeting the wider needs of claimants and build further momentum in fully embedding Next Generation Case Management within its organisation.

I strongly encourage ACC to fully evaluate the approach once it is embedded.

This would assure ACC and the public that the approach is achieving the benefits that ACC expects and represents value for money. These benefits include improved consistency of services to claimants, a better ability to meet the diverse needs of claimants, faster recovery outcomes where possible, and well-co-ordinated support for long-term claimants.

Making the results of that evaluation and other measures of performance readily accessible to the public will also provide more transparency on how well the Next Generation Case Management approach is meeting its objectives. This will improve accountability for an important public service.

While doing this follow-up work, we noted some performance data that indicates that ACC needs to focus on improving its relationship with the providers it works with. ACC acknowledges this and is working on initiatives to make it easier to lodge claims, improve communications, and simplify the processes related to claimant care.

Although this wasn't a specific focus of our follow-up work, I encourage ACC to improve its performance in this area.

I thank the staff of ACC for their support and co-operation during our work and for their ongoing commitment to the recovery of New Zealanders who suffer injury.

Nāku noa, nā

A handwritten signature in black ink, appearing to read 'John Ryan', with a stylized flourish at the end.

John Ryan  
Controller and Auditor-General

24 November 2020

# 1

## Introduction

### Our 2014 audit

- 1.1 In 2014, we looked at how the Accident Compensation Corporation (ACC) used case management to rehabilitate injured people effectively and efficiently.<sup>1</sup> In particular, we focused on how well ACC worked to deliver high-quality and fair<sup>2</sup> services in a way that focused on claimants.<sup>3</sup>
- 1.2 We also looked at how ACC worked with claimants with more serious injuries, including those with complex rehabilitation needs and challenges. Although claimants with more serious injuries make up a small proportion of ACC's overall claims, they need resource-intensive case management.
- 1.3 We found that ACC could do more to provide claimants with a consistent, high-quality service focused on their needs. Experiences were more negative for longer-term claimants who had complex needs but did not meet the highest injury seriousness criteria.
- 1.4 We recommended that ACC:
  - set out the possible treatment steps for a given injury, based on scientific evidence, in the information systems that case managers use;
  - strengthen the overall approach and tools that it uses to guide, monitor, review, and manage the quality of case management services;
  - review the adequacy and appropriateness of case management services for long-term clients (claimants) with complex needs who do not meet the highest injury seriousness criteria and improve those services where necessary; and
  - more actively manage the transfer of clients (claimants) to other public agencies to reduce the potential for people to miss out on services they are entitled to and to appropriately prepare people for transfer to another public entity.

### Our follow-up work

- 1.5 In 2014, we carried out two performance audits of ACC. One was on ACC's case management approach to rehabilitation, and the other was on how ACC dealt with complaints.
- 1.6 In 2018, we carried out follow-up work to our audit of how ACC deals with complaints. As part of that work, we saw clear signs that ACC was moving towards a culture that

1 Controller and Auditor-General (2014), *Accident Compensation Corporation: Using a case management approach to rehabilitation*, Wellington.

2 Our focus on fairness comes from the Injury Prevention, Rehabilitation, and Compensation (Code of ACC Claimants' Rights) Notice 2002. This Code is about how ACC will work with claimants to make sure they receive the highest practicable standard of service and fairness. It sets out the eight rights of claimants and the corresponding obligations on ACC. Right 2 is for claimants to be treated fairly and to have their views considered. ACC's corresponding obligations are to (a) treat claimants fairly, (b) listen to and consider their views, and (c) take into account, and be responsive to, any impairment they may have.

3 In this report, we use the term "claimants" to refer to people with injuries whose cases are being managed by ACC.

is more centred on its customers. We noted that ACC was becoming more welcoming of customer feedback and more open to using it to improve service delivery.<sup>4 5</sup> In that work, we found that ACC expected its staff to focus on each claimant’s individual needs, and make decisions and resolve issues to help meet those needs. We did not look at case management in our 2018 follow-up, because ACC was still testing and refining a new approach, called Next Generation Case Management (NGCM).

- 1.7 This report is a follow-up to our audit on ACC’s case management approach.<sup>6</sup> It looks at the extent to which the changes ACC has made have addressed the four recommendations we made in 2014.

## Next Generation Case Management approach

- 1.8 In 2014, ACC was implementing a change programme called Shaping Our Future. This programme included taking a more “customer-led” approach to case management. The change programme was intended to improve service delivery and claimant experience.
- 1.9 ACC’s later assessment of its case management model was that it was complex and inconsistent, and that it no longer supported ACC’s strategic objectives. In response, ACC designed NGCM. ACC expects NGCM to:
- improve the consistency of customer services through simpler and more transparent processes;
  - allow ACC to better meet the diverse needs of claimants; and
  - lead to faster recovery because of better targeted and integrated rehabilitation interventions and better co-ordinated support for claimants who are unlikely to fully recover from their injury.
- 1.10 ACC began a pilot of NGCM in 2017 with a selection of claimants in Hamilton and then in Hastings. The pilot was called Launch Pad.<sup>7</sup>
- 1.11 Since Launch Pad, ACC has been rolling out NGCM in five tranches throughout New Zealand. ACC has recently rolled out the fifth and final tranche of NGCM, and all staff have migrated to their new roles.
- 1.12 ACC implemented Launch Pad using a “test and learn” approach. This involved testing and refining NGCM over an extended period with a subset of claimants

4 Office of the Auditor-General (2018), *Accident Compensation Corporation: How it deals with complaints (Progress in responding to the Auditor-General’s recommendations)*, Wellington.

5 In this report, we use the term “customers” when talking collectively about claimants, levy payers, and providers of treatment and rehabilitation services.

6 Office of the Auditor-General (2014), *Accident Compensation Corporation: Using a case management approach to rehabilitation*, Wellington.

7 Launch Pad has been working in an NGCM-like way since 2017. However, Launch Pad sites did not go live with new NGCM technology and processes until August 2019.

at a small number of sites. This helped ACC identify and implement further improvements to NGCM.

- 1.13 Under NGCM, claimants are assigned to a particular “Recovery team”, based on their individual needs for an effective recovery (as opposed to the type or severity of injury). For claimants who ACC case manages,<sup>8</sup> four teams provide different levels of recovery support: “Enabled”, “Assisted”,<sup>9</sup> “Supported”, and “Partnered”. Figure 1 provides ACC’s description of the support the four Recovery teams provide.
- 1.14 Recovery teams are arranged according to the degree of case management support claimants need. For example, claimants managed by the Enabled Recovery team are assessed as needing the least case management. However, claimants managed by Partnered Recovery teams have more complex needs and require more case management attention.

**Figure 1**  
**The different types of support the four Recovery teams provide**

Recovery team	Description	Example
Enabled Recovery	Claimants primarily manage their own recovery using an online portal to select services and regularly check in. Claimants can contact an ACC team for support.	An office worker with a fracture who can still work most of the time.
Assisted Recovery	Claimants primarily manage their own recovery. A member of the ACC team will contact them if there is something specific to discuss.	A teacher with a dislocated shoulder who may need additional services throughout recovery.
Supported Recovery	Claimants have a dedicated ACC contact who works with the client to recover.	A farmer with a disc prolapse where co-ordination will help manage multiple providers,* a challenging work environment, and additional services that may be needed throughout recovery.
Partnered Recovery	Claimants build a relationship with a dedicated ACC contact who supports them to manage their injury or recovery.	A claimant with paraplegia who needs expert support to co-ordinate specialised services. This may continue for an indefinite period.

\* In this report, we refer to organisations or individuals who provide treatment and rehabilitation services collectively as “providers”.

Source: Accident Compensation Corporation.

8 ACC does not directly case manage some claimants who have specific non-complex injuries and do not have wider individual rehabilitation needs. These people are allocated to a fifth Recovery Team – Provider Recovery. In Provider Recovery, providers directly support people with a particular injury that has a well-understood pathway for treatment. This support is provided under an agreement between ACC and the providers.

9 Claimants assessed as needing Enabled or Assisted support are managed nationally in five hubs (Manukau, Hamilton, Wellington, Christchurch, and Dunedin).

1.15 Figure 2 describes the numbers of claims assigned under each Recovery team as at 25 August 2020.

**Figure 2**  
**ACC case-managed claims – Claims numbers and allocation percentages by Recovery team, as at 25 August 2020**

Recovery team	Current claims assigned	Claims yet to be transferred*	Total	Percentage of total claims**
Assisted/Enabled Recovery***	54,525	72	54,597	61%
Supported Recovery	14,770	3,271	18,041	20%
Partnered Recovery	12,922	3,431	16,353	18%
<b>Total</b>	<b>82,217</b>	<b>6,774</b>	<b>88,991</b>	

\* Claims in interim management in already rolled-out sites while their own site is being readied and transferred to NGCM.

\*\* Percentage figures have been rounded and might not add up to 100.

\*\*\* The disaggregated percentages of the total number of claims of each of these two teams are not currently available.

Source: Accident Compensation Corporation.

1.16 The Assisted and Enabled Recovery teams manage most of the claims that ACC case manages.

## How we did our work

1.17 To carry out our follow-up work, we reviewed a series of self-assessments and supporting documents that ACC provided. We also interviewed senior ACC staff.

1.18 We did not seek the views of claimants, or of organisations or individuals who provide treatment and rehabilitation services. However, we have reviewed ACC's performance measures about the feedback it receives from these groups.

## The structure of our report

1.19 In Part 2, we discuss ACC's progress in better integrating evidence-based recovery and rehabilitation information into the systems and processes that case managers use when making decisions.

1.20 In Part 3, we discuss how ACC assures the quality of its case management services and engagement with claimants. We also discuss how that approach helps build staff capability and how claimant feedback informs ongoing improvements.

1.21 In Part 4, we discuss ACC's approach to ensuring more consistency and fairness in its services to claimants with complex needs.

1.22 In Part 5, we discuss ACC's progress in helping claimants prepare for transition to the support of other public organisations.

# 2

## Better integrating evidence-based guidance

- 2.1 In our 2014 report, we stated that ACC needed to better integrate its research on successful treatment and rehabilitation pathways into the tools and systems its case managers use.<sup>10</sup> We considered that this integration would support more effective and consistent decisions.
- 2.2 ACC had extensive information on proven effective treatment and rehabilitation pathways. However, it did not use this information to inform case management decisions as well as it could have. In our view, the information needed to be more accessible for case managers and better directed into decision-making at the case level.
- 2.3 In our 2014 report, we recommended that ACC:
- ... set out the standard possible treatment and rehabilitation steps for a given injury, based on scientific evidence, in the information systems that its case managers use – to ensure that all claimants in similar circumstances receive consistent and effective treatment and rehabilitation, based on proven treatment and rehabilitation pathways.*
- 2.4 In this Part, we discuss ACC's response to this recommendation.

### Summary of findings

- 2.5 Overall, ACC has made good progress in integrating evidence into the guidance material, tools, and systems that case managers use when making pathway decisions. Case managers in each Recovery team are now better positioned to make consistent and informed treatment and rehabilitation decisions that factor in the needs of claimants.
- 2.6 ACC has done this in the following ways:
- It provides case managers with improved access to clinical guidance within standard processes and systems.
  - It gives providers guidance that is informed by a variety of clinical expertise. This guidance helps providers to have detailed conversations with claimants about their injuries and informs effective decisions.
  - It has learnt from trials where claimants have more input into decisions about their treatment and rehabilitation, and where all providers are involved from beginning to end. This can result in decisions that better factor in the claimant's full range of needs. In our view, this can lead to the claimant having more ownership of their treatment and rehabilitation pathway, which is more likely to lead to greater commitment to the treatment.

<sup>10</sup> A pathway describes what treatment and rehabilitation services a claimant needs and what order those services should be provided in.

- It has improved how it gets feedback from staff and providers on the quality and usability of the guidance. This helps ACC understand how consistently staff and providers use and apply the guidance. It also informs how ACC assures the quality of case management and helps it identify improvements that it can make.

2.7 We acknowledge the efforts that ACC has made. However, because no direct measure of providers' feedback on the guidance material is available, we were unable to assess the impact of the changes that ACC has made.

2.8 We encourage ACC to monitor the feedback it receives on the guidance from staff and providers more systematically. This could help it understand the extent to which changes to guidance influence overall satisfaction.

## **Providing staff with improved access to clinical and technical guidance**

2.9 Case managers work with claimants when deciding on the most appropriate treatment and rehabilitation steps for a claimant. To make well-informed decisions, case managers need ready access to specialist expertise, as well as ACC's guidance and other resources.

2.10 Case managers can now more easily access clinical guidance and decision-making tools within the systems and processes they use.

2.11 Case managers can speak to clinical experts in the Clinical Services team through a phone hotline when they need to. The Clinical Services team can discuss specific cases, answer clinical questions, and provide direct guidance on less complex cases. ACC supports these clinical experts to keep themselves up to date with the latest medical thinking and research.

2.12 Case managers can also talk directly to the Technical Advisory team for guidance on policy matters, including treatment and rehabilitation policy and legislative requirements. This team is now centralised, which enables it to provide more consistent advice on these matters.

2.13 ACC knows the importance of continually improving these processes and systems. ACC has set up new ways for staff to provide feedback and suggest improvements, such as through a survey of staff every two months.

2.14 Staff feedback can often be about technology systems. ACC regularly considers and makes changes to these systems. Smaller changes to the processes that case managers use can be implemented more quickly. Suggestions for more

extensive changes, or those that might have greater impact or wider applicability to customers, enter ACC’s “continuous delivery” process for consideration (see paragraphs 3.55-3.56).

### **Providing support and guidance to providers of treatment and rehabilitation services**

- 2.15 ACC gives providers guidance material to help them discuss the best approaches to treatment and rehabilitation with claimants. The guidance includes standardised pathway information for specific types of injuries. Because we are not clinical experts, we have not assessed the guidance material’s clinical content.
- 2.16 However, the guidance material we saw was clear and easy to understand. It explained the injury, the path ahead, and who will be involved. In our view, it is likely to support a meaningful conversation between the claimant and the provider.
- 2.17 ACC works with a range of providers and professional clinical bodies to help it provide consistent high-quality standards of care. For example, ACC works with professional bodies to develop decision-making guidance for treating specific types of injury. These working relationships help ACC understand how accessible its tools and written guidance are.
- 2.18 We have not specifically sought providers’ views on the effectiveness of their relationships with ACC or the suitability of the guidance they get. However, ACC reports its measure of provider trust and confidence in ACC publicly. This provides some insight into what providers think of ACC’s support.
- 2.19 Performance for this measure over the last three years is still below target and has not shown any substantive improvement. Although this was not a specific focus of our follow-up work, we encourage ACC to reflect on whether it could do more to improve its relationships with the providers it works with.
- 2.20 ACC’s 2018/19 annual report identified opportunities to improve the interactions between providers and ACC. ACC is working on initiatives to make it easier to lodge claims, improve communications, and simplify processes for claimant care.

### **Trialling team-based decision-making**

- 2.21 ACC has been trialling an approach that gives providers more decision-making control when assisting claimants with straightforward needs and less complex injuries. These claimants are likely to be at the lower end of the spectrum of ACC case-management support.

- 2.22 The Escalated Care Pathway is a separate trial of team-based pathway decision-making. Providers work with claimants to make decisions together from injury to recovery.
- 2.23 The different providers supporting the treatment and rehabilitation of the claimant work together to make decisions throughout the overall pathway to recovery. The focus is on achieving a successful outcome for the claimant, rather than focusing treatment decisions solely on specific injury types.
- 2.24 ACC told us it is committed to learning from the Escalated Care Pathway trial and is incorporating what it learns into its approaches to decision-making.
- 2.25 In our view, this type of team-based decision-making is more likely to help identify the right pathways to suit a claimant's specific circumstances. We consider that claimants are more likely to feel more in control of their recovery pathway if providers work on decisions together with the claimant. This, in turn, should lead to claimants having greater commitment to their treatment and rehabilitation, potentially contributing to a quicker recovery.

# 3

## Improving and assuring the quality of case management interactions

- 3.1 In our 2014 report, we found that the systems and processes ACC used in case management did not support the delivery of a consistently fair service that focused on the needs of claimants.
- 3.2 We also found that ACC did not consistently use its own tool for reviewing and assuring the quality of case managers' engagements with claimants. The quality assessments of those engagements often lacked enough input from claimants.
- 3.3 In our 2014 report, we recommended that ACC:  
*... strengthen the overall approach and tools that it uses to guide, monitor, review, and manage the quality of its case management services – to ensure that people consistently receive treatment and rehabilitation services of the highest practicable standard and fairness in line with the requirements of the Code of ACC Claimants' Rights.*
- 3.4 In this Part, we discuss how ACC has responded to this recommendation.

### Summary of findings

- 3.5 NGCM promotes claimant- and outcome-focused decisions that factor in the claimant's needs. Through NGCM, there is clear potential to improve claimants' experiences.
- 3.6 Although ACC has been implementing the NGCM approach since 2017, it has not fully embedded the approach yet. ACC's early evaluation indicates that claimant experience and recovery outcomes are improving. However, it is too early yet to assess whether NGCM's benefits will be fully realised.
- 3.7 ACC told us that it has planned three internal assurance reviews that focus on how it has implemented and embedded NGCM. We strongly encourage ACC to fully evaluate NGCM once it is embedded and to report the results of that evaluation publicly. This would provide ACC and the public with greater assurance that NGCM has improved ACC's capacity and capability to deliver high-quality case management services.
- 3.8 ACC's new quality assurance framework has the appropriate elements for ACC to understand the quality of case managers' engagements and performance. These include assessing the case manager against ACC's broad expectations of the way they should interact with claimants, as well as how they perform their role.
- 3.9 We understand that regular and timely claimant feedback and metric-based performance data also inform these assessments – for example, how often a case manager fails to gather the appropriate claimant authority forms. Any person-to-

person interaction, email, or task (or combination) that engages with claimants or affects their experience can be used to inform these assessments.

- 3.10 The results of the assessment are discussed with the case manager to identify performance improvements and coaching needs. In this way, the framework helps build staff capability to deliver the expected quality of case management.
- 3.11 However, the framework is new and yet to be fully embedded in all of ACC's case management services. It is not yet possible to know whether the framework will be fully effective. We encourage ACC to continue embedding the framework and use feedback to ensure continuous improvement.
- 3.12 ACC told us that it has improved how it collects customer feedback and derives insights. It also told us that it actively turns those insights into actions that can lead to improvements in its services – for example, by collecting feedback at more regular points on the claimant's pathway to recovery.
- 3.13 However, ACC acknowledges that it still needs to do more to become truly claimant-centred. It told us that building a "culture of feedback" was a critical part of this.

### Supporting more efficiency in case management

- 3.14 An important aspect of NGCM is its emphasis on claimants who have greater needs. This includes more meaningful conversations with claimants so that ACC better understands the full range of their needs. This should lead to more effective decisions and the best practicable outcomes.
- 3.15 To enable case managers to focus on the needs of claimants, ACC has reallocated some administrative tasks. It has also enabled claimants with less complex needs to have more control over their recovery. Both of these improvements enable staff to focus more of their time on those who need it most.
- 3.16 ACC has automated parts of how it assesses an initial application and identifies the appropriate case management approach. The system now uses business rules to instantly and consistently determine the acceptability of claims that meet specific criteria as soon as they are lodged.
- 3.17 The system uses a statistical model to determine the probability that ACC will accept a claim and is informed by data from 12 million anonymised lodged claims.
- 3.18 ACC is also currently replacing its payment system. The new payment system will reduce the amount of manual inputs required by ACC staff. The system links directly to the Inland Revenue Department, which means that, in most cases, ACC will no longer have to ask employers for claimants' earnings information or have to continually follow this up when the information has not been provided.

3.19 In March 2018, ACC introduced a digital service called MyACC. Claimants can access MyACC through their desktop or mobile devices to manage aspects of their claim online. Claimants can now apply for entitlements online, including weekly compensation. They can also check information about their claim and entitlements.

### Measures to assess improvements in claimant experience

3.20 We have looked at ACC’s measures to see whether we are able to assess how NGCM has affected claimants’ experiences. The two main sources of information are:<sup>11</sup>

- claimant experience and rates of complaint that differentiate NGCM from the previous system; and
- publicly reported indicators, including a measure of claimants’ trust and confidence in ACC (the Client (Claimant) Net Trust Score) and claimants’ views of whether they consider that ACC focuses on achieving the best possible outcomes for claimants.

### Claimant experience and complaints

3.21 ACC provided us with three measures that it considers help it measure claimant experience under NGCM. These show some improvement in claimant experience. Figure 3 compares claimant experience results under NGCM with the overall result.<sup>12</sup> Figure 4 compares results under the NGCM and the previous case management model.

**Figure 3**  
**Comparing claimant experience results under NGCM and overall results across all cases**

	NGCM result	Overall result
Claimant satisfaction* (quarter to 30 June 2020)	84%	80%
Client (Claimant) Net Trust Score** (year to 30 June 2020)	+37	+31

\* Satisfaction measures the extent to which claimants are satisfied with their dealings with ACC.

\*\* Client (Claimant) Net Trust Score is a measurement of the extent to which claimants have trust and confidence in ACC. Individuals rate trust and confidence in ACC on a 0-10 scale. The net trust score is the proportion of respondents with high trust and confidence (scores of 9-10) less the proportion of respondents with low trust and confidence (score 0-6). Scores can range from -100 to +100. Scores below zero indicate a higher proportion of respondents with low trust and confidence.

Source: Accident Compensation Corporation.

11 We have not audited the methodology or information related to the measures and results as part of this follow-up work.

12 Where we refer to an overall result, this includes information from claimants under NGCM and claimants under the previous model.

**Figure 4**  
**Ratio of NGCM complaints monitored through the key customer feedback channel to active claims and of the previous case management model**

	NGCM (measured in the March 2020 quarter)	Previous case management model
Ratio of complaints to active entitlement claims	1.3 : 1000	4.0 : 1000

Source: Accident Compensation Corporation.

- 3.22 Information in both Figure 3 and Figure 4 indicates that claimants managed under NGCM appear to be more satisfied with the new approach.
- 3.23 It is important to note that these results are only early indications of the potential for improved claimant experience with the NGCM approach. Most of this information was gathered when the new approach was still being rolled out.
- 3.24 ACC told us that, for other performance measures, it is difficult to determine which information on individual claimants should be directly attributed to NGCM or the previous model. This is because many claimants moved from the previous model to NGCM during their recovery. This applies particularly to claimants with a longer-term recovery. ACC expects to be in a better position to assess the changes from the end of 2020.

### Publicly reported indicators

- 3.25 Figure 5 includes the results of two of ACC's publicly reported indicators: Client (Claimant) Net Trust Score and another measure on claimant perception of ACC's focus on their outcomes.
- 3.26 ACC publicly reports the overall Net Trust Score for all claimants. The scores reported for the previous two years were reasonably consistent, with an improvement in the score in 2019/20.<sup>13</sup>
- 3.27 Figure 5 shows the Client (Claimant) Net Trust Score and an additional measure about claimant experience that ACC reported publicly only from September 2019.

<sup>13</sup> This 2019/20 information is not currently publicly available.

**Figure 5**  
**Claimant experience measures that are publicly reported**

Measure	2017/18	2018/19	2019/20
Client (Claimant) Net Trust Score	+25.0	+24.0	+31.0
(The percentage of claimant respondents who felt that) ACC is focused on the best possible outcomes for clients (claimants) given their situation.	77%	77%	79%

Source: Adapted from the Accident Compensation Corporation's publicly available reporting and from information provided by the Accident Compensation Corporation.

### Assessing this information

- 3.28 ACC has been encouraged by the results showing improvements in claimant experience under NGCM so far. ACC told us that these results cover the early stages of rolling out NGCM and its testing and learning about the approach in Launch Pad. ACC told us that the results provide strong evidence of improvement and give it high confidence in NGCM.
- 3.29 Measures of claimants' experiences and their rehabilitation outcomes will be important indicators of NGCM's success.
- 3.30 Although we acknowledge that these results are promising, we are mindful that there is not yet enough data to support a robust comparison between NGCM and the previous case management approach.
- 3.31 ACC needs to continue to closely monitor all of these performance measures and reflect on what they indicate about NGCM's effectiveness.
- 3.32 We strongly encourage ACC to comprehensively evaluate NGCM once it is fully embedded. The indicators of customer experience and the views of claimants experiencing NGCM will be a critical part of this evaluation.
- 3.33 Making the results of the evaluation and other measures of performance readily accessible to the public will also provide transparency on how well NGCM is meeting its objectives and give a better view of the value for money of ACC's investment in the new approach.

### Assessing case management quality and building case management capability

- 3.34 ACC told us that its new Customer Experience Quality (CXQ) framework will provide assurance that claimants experience consistent and high-quality interactions with case managers. ACC created the framework only recently, and it is still being embedded in ACC's case management services.
- 3.35 CXQ views quality from the claimant's perspective. It centres on four behavioural responsibilities that case managers are expected to demonstrate when working

with claimants: “Care”, “Can”, “Know”, and “Understand”. ACC considers that applying the framework empowers its case managers to explore and understand each claimant’s individual needs and respond in the most effective way.

- 3.36 CXQ is part of an overarching Quality and Performance framework broadly described as “Ways of Working”. The Quality and Performance framework brings together CXQ assessments with information on other elements of case managers’ performance.
- 3.37 CXQ assessments are combined with broader claimant feedback, work performance metrics, and exception reporting to inform a wider assessment of a case manager’s overall performance and development needs.
- 3.38 Team leaders review different engagements with claimants (such as in person, on the phone, or by email) and provide feedback to case managers on the quality of the engagements.
- 3.39 Coaching conversations with staff reinforce positive aspects of interacting with claimants and identify opportunities to develop the capability of case managers and make improvements. Coaching conversations are held in different ways and at different times, both formally and informally.
- 3.40 Case managers can also be paired with Practice Mentors to help develop their capability. Practice Mentors offer practical advice to help case managers consider situations from different angles and make good decisions by being better informed.
- 3.41 The Performance Team gathers and aggregates information from CXQ and the Quality Performance framework to identify broader insights to inform organisational improvements.
- 3.42 ACC’s leadership team receives regular reporting on both aggregated and specific case management information. Information for this reporting is often sourced as recently as the previous evening. This provides the leadership team with up-to-date information about service quality, case management performance, claimant and staff feedback, and what is being done to address issues and make improvements.

### **Using claimant feedback to derive insight and direct it for action**

- 3.43 Focusing on the perspectives of claimants is one of the main ways that ACC is moving to a more claimant-centred approach.<sup>14</sup> This has been described as building a “culture of feedback”. Claimants now have a wider and more immediate range of options to provide feedback on their experiences. Through its Customer

<sup>14</sup> In paragraphs 4.13-4.19, we also discuss how ACC is getting feedback from claimants with complex needs.

Feedback Strategy, ACC aims to improve its ability to more readily seek, hear, and act on customer and claimant feedback.

- 3.44 A new technology platform called “Heartbeat” plays a lead role in helping ACC improve how it works with and supports claimants. Heartbeat solicits feedback from claimants (and providers) at important points on the claimant’s pathway (called “moments of truth”). It seeks this feedback through surveys sent by emails and text messages.
- 3.45 Feedback from Heartbeat is the main way that ACC accesses claimants’ perspectives on the quality of case management services they receive. ACC also uses this information to improve the quality of case management at an organisational level.
- 3.46 ACC considers that the immediacy of channels such as Heartbeat is critical to identifying and addressing existing or potential issues early. Staff can be alerted to potential issues and “check in” with the claimant to resolve them early.
- 3.47 ACC demonstrates a willingness to learn from and reinforce good practices identified through Heartbeat. For example, instances of positive feedback in Heartbeat are shared at ACC’s leadership meetings, where the leadership team can consider how to apply good practice more widely. ACC leaders can send personalised emails to acknowledge staff who have been praised in feedback received through Heartbeat.
- 3.48 The Customer Insights and Experience team oversees the feedback channels. The team uses the information from feedback channels and other performance data to:
- detect signs of potential dissatisfaction for timely intervention with individual claimants; and
  - provide data that the team can use to identify systemic themes.
- 3.49 The Customer Insights and Experience team have done a lot of work to understand what drives two aspects of claimant experience that ACC measures:
- Satisfaction – a measure of the extent to which claimant respondents are satisfied with their dealings with ACC; and
  - Client (Claimant) Net Trust Score – a measure of the extent to which claimant respondents have trust and confidence in ACC.<sup>15</sup>
- 3.50 Understanding these drivers enables the Customer Insights and Experience team to help identify improvements.

### Short-loop and long-loop feedback

- 3.51 ACC categorises feedback so it can deal quickly and directly with straightforward issues and appropriately consider more complex insights that point to opportunities for systemic improvement. The feedback is categorised as being either “short loop” or “long loop”.
- 3.52 Broadly speaking, short-loop feedback involves feedback that can be addressed, or improvements that can be made, quickly and easily. Short-loop feedback might refer to the needs of a particular claimant, the activities of a particular team or location, or a small process change.
- 3.53 Short-loop feedback might be a concern a claimant has expressed about the management of their case. This specific feedback is directed to the staff member who last interacted with the claimant. So that the claimant’s feedback does not “fall through the cracks”, that staff member retains ownership of the issue until it is resolved.
- 3.54 Long-loop feedback generally involves feedback that has a broader application or impact or involves more extensive changes.
- 3.55 Long-loop feedback is directed to a process referred to as “continuous delivery”. Dedicated teams summarise feedback and insights and funnel these into “service imperatives”.
- 3.56 Service imperatives are high-level aspects of service (including case management) that are assessed as having particular value to the claimant. Proposed improvements are investigated and then prioritised for progression.
- 3.57 The Customer Insights and Experience team also monitors the rate at which changes are implemented. This is also a strong focus for ACC’s leadership team.

### Embedding a day-to-day focus on learning

- 3.58 Staff in local teams gather every morning to learn from each other and discuss how they can improve the quality of service. These meetings are referred to as “Buzz meetings”.
- 3.59 Buzz meetings are held at every level of service delivery, including at leadership level.
- 3.60 Buzz meetings are the main way that teams share and learn from each other’s experiences and ideas, as well as discuss communication from ACC leadership. Positive feedback from claimants and good practice is also shared. ACC told us that these meetings have helped staff adjust to the new focus on “claimant-centred” case management.

# 4

## Consistency and fairness for claimants with complex needs

- 4.1 In our 2014 report, we observed that claimants had different service experiences depending on the case management team they were working with and where they were located. There were differences in the extent to which different teams focused on the needs of claimants. This observation was reinforced through interviews with some claimants.
- 4.2 This inconsistency was most apparent for relatively long-term claimants with complex needs who did not meet the serious injury criteria. We were concerned that these claimants might not always receive the highest practical standard of service or be treated fairly.
- 4.3 In our 2014 report, we recommended that ACC:  
*... review the adequacy and appropriateness of its case management services for relatively long-term clients with complex needs who do not meet the serious injury criteria, and improve those services where necessary so that people receive the highest practical standard of service and fairness.*
- 4.4 In this Part, we discuss ACC's response to this recommendation.

### Summary of findings

- 4.5 Claimants with complex needs can now expect a fairer and more consistent service. The new Partnered Recovery team has dedicated resourcing for claimants with complex needs. The NGCM approach promotes more informed engagement and meaningful conversations to better understand and respond to specific needs.
- 4.6 ACC acknowledges that traditional feedback channels might not always be enough to collect feedback from claimants with complex needs and their whānau. It has taken steps to improve how it understands their perspectives by instituting regular representative forums.
- 4.7 Listening to claimants with complex needs, and acting on what they say, will do a lot to support perceptions of fairness. We encourage ACC to build on these initiatives and continue to look for new ways for these claimants to provide their views.

### Partnered Recovery

- 4.8 ACC has introduced a new approach and team within NGCM called Partnered Recovery. Partnered Recovery is intended for claimants with complex needs and their whānau to work more closely with an assigned case manager for a higher level of support. These claimants include people who have experienced a life-changing injury or event who need to rebuild their lives, have complex injuries or life circumstances, or are highly vulnerable.

- 4.9 The scope of Partnered Recovery has been broadened from covering serious injury and sensitive claims to now also include mental injury claims. ACC considers that Partnered Recovery now takes psychological factors into account more deliberately when making decisions about a claimant's management. The design and fit of Partnered Recovery have been informed, in part, by ACC's previous approach to claimants with complex needs (the Complex Claims Initiative).<sup>16</sup>
- 4.10 Partnered Recovery staff receive specialist training to enable them to perform the responsibilities of their role. They can access a broad suite of professional development training and specialist advice, as well as the guidance available under the overall NGCM approach.
- 4.11 Staff can access guidance to help them identify which new claimants are suitable for Partnered Recovery and to refer existing claimants to Partnered Recovery when their circumstances and needs have changed or have become better understood.
- 4.12 Partnered Recovery also supports claimants to access other public services or support they might need. Partnered Recovery staff are expected to work closely with other public organisations to ensure that more holistic support is provided. In our view, co-ordination between public organisations is critically important to meeting the needs of these claimants and to delivering public services seamlessly and effectively.

### Seeking feedback from claimants with complex needs

- 4.13 ACC has created Customer Advisory Panels made up of people with expert and practical knowledge of the challenges that claimants with complex needs can face. Participants include relevant advocacy representatives and professional sector specialists (including clinicians). Different types of panels cater to specific demographics or situations. Types of panels include the Sexual Violence Panel, the Serious Injury Panel, and the Older Persons Panel.
- 4.14 Some claimants with complex needs might not feel comfortable voicing their views openly. ACC understands this concern and has developed the Customer Advisory Panels to complement its other feedback channels.
- 4.15 The panels can provide feedback to ACC proactively about issues claimants are experiencing. ACC uses that feedback to make improvements to processes.
- 4.17 ACC also consults with these panels to get insight into how any changes it is considering could affect claimants.

<sup>16</sup> The Complex Claims initiative (CCI) was developed and implemented for claimants with complex needs after our 2014 audit. ACC replaced it with Partnered Recovery in 2019. ACC's internal review of CCI found that it had helped ensure that a higher proportion of claimants were getting the right and/or enhanced support, their needs were being better met, and they were getting a better experience than in 2014. However, we did not see that ACC specifically sought the views and perspectives of claimants with experience under CCI to inform that review.

- 4.18 We encourage ACC to make the feedback and information these panels provide publicly available so that there is transparency on what claimants are experiencing and the issues being raised.
- 4.19 Seeking feedback from claimants with complex needs will continue to be challenging. We encourage ACC to regularly assess the effectiveness of these panels and continue to look for improved solutions to assist claimants to provide feedback and share their experiences. New solutions will need to be agile and adaptable as peoples' lives and needs change.

### **Developing staff capability for working with claimants with complex needs**

- 4.20 Developing staff capability to work effectively with claimants with complex needs is critical. Staff might be in highly intense situations with anxious claimants and whānau who feel considerable pressure.
- 4.21 ACC told us that it recognises the need to support staff who deal with these difficult situations and maintain their well-being. For example, ACC told us about how it has worked closely with the Ministry of Social Development so both organisations could learn from each other in developing best-practice case management.
- 4.24 ACC told us that this included developing a better understanding of behavioural science, and sharing resources and approaches for supporting staff who work with people with mental health issues.
- 4.25 It is important that ACC incorporates these lessons into NGCM training programmes and makes them widely available to case managers. This will help build the capability of case managers to deal with potentially challenging situations effectively.

## Preparing claimants for transition to other public organisations

- 5.1 In our 2014 report, we observed that case managers did not routinely work with other public organisations to prepare claimants to move from ACC to another public organisation for support, particularly the Ministry of Social Development.
- 5.2 In our 2014 report, we recommended that ACC:
- ... more actively manage the transfer of clients between it and other public entities to reduce the potential for people to miss out on services they are entitled to and to ensure that people are appropriately prepared for transfer to another public entity.*
- 5.3 In this Part, we discuss ACC's response to this recommendation.

### Summary of findings

- 5.4 Many rehabilitated people will not be able to return to their previous working and personal lives. People transferring from the care of ACC to another public organisation face uncertainty and often feel anxiety about the change. This is particularly true for people who will receive income and support that is lower than before their injury, including those transferring to the support of the Ministry of Social Development or those needing to seek new employment.
- 5.5 We did not see the progress from our 2014 audit that we expected. Overall, we still could not see a systematic approach to plan for, inform, and prepare the person transferring to another public organisation for support.
- 5.6 In our view, when planning the claimant's pathway, ACC needs to consider the likelihood of the claimant eventually needing the support of another public organisation. Where this is likely, there needs to be close co-ordination at the outset with those other public organisations or providers. This co-ordination needs to be sustained all the way through the claimant's journey. This will lead to a more seamless move for the claimant.
- 5.7 ACC told us that it expects its case managers to have meaningful discussions with claimants preparing to move to another public organisation for support. ACC also told us that it expects its case managers to work with the public organisation that the claimant is transferring to.
- 5.8 However, it was unclear to us how ACC communicates these expectations to its case managers. The framework for quality assurance we describe in paragraphs 3.34-3.42 does not specifically set out those expectations to guide case managers to plan for and manage claimants' transitions.
- 5.9 We encourage ACC to ensure that all guidance about transitions between public organisations sets out clear expectations of how claimants should be transferred and how case managers are to manage this.

- 5.10 ACC funds providers to work directly with claimants who have sensitive claims to help them prepare for transition directly from the care of ACC to other public organisations, or to connect the claimant with those organisations that can best meet their needs. However, we did not see how ACC assessed the effectiveness of this co-ordination.

### Communicating expectations

- 5.11 ACC told us it expects that the initial conversations case managers have with new NGCM claimants (called “Welcome Conversations”) and subsequent “check-ins” should be the places where a need for the support of another public organisation might be identified.
- 5.12 ACC also expects case managers to ensure that the public organisation the claimant is transferring to understands their needs.
- 5.13 ACC provided us with a process document with basic instructions on the options that case managers can discuss with claimants to practically assist them when transferring to the support of Work and Income.
- 5.14 We reviewed this document against what we found in 2014. In 2014, we found some case managers provided support through helping to arrange budget advice. We also said:
- Case managers refer people who are able to return to work to Work and Income and, with the person’s consent, provide information on suitable work choices to Work and Income. There is a form for this purpose. It is not clear to us to what extent that form is used. We did not see this form used in any of the files we reviewed.*
- 5.15 The process document we were provided with reflects the same situation that we reported in 2014. We are unable to see from this document how ACC communicates specific expectations to plan for and prepare claimants for the move to Work and Income.
- 5.16 ACC also provided us with two other process documents that had some detail about referring claimants to other public organisations to fulfil specific needs in certain circumstances, such as residential care, and to veterans and their families with entitlements needing other support.
- 5.17 These specific process documents are more comprehensive than the Work and Income process document. We encourage ACC to review and enhance the rest of the guidance it provides for this particular transition, to achieve the same quality.

- 5.18 ACC told us that it will review and strengthen the relevant guidance it provides to case managers and more explicitly communicate its expectations.

### **How ACC's approach to quality assurance helps it to know whether its expectations are being met**

- 5.19 The Quality and Performance framework includes some guiding principles that ACC uses to communicate its expectations of case managers for preparing claimants for transition to the support of another public organisation. The two most relevant guiding principles are that staff:
- focus on claimant well-being; and
  - understand claimants' needs.
- 5.20 As discussed in Part 3, the CXQ and Quality and Performance Framework enables team leaders to review case manager engagements. For example, team leaders can directly monitor conversations by listening in. ACC considers that this helps it understand the quality of the conversations and identify any further development needs case managers might have.
- 5.21 However, it is still unclear to us how ACC gets assurance that specific conversations about transition are always held when they need to be held and with the quality it expects.
- 5.22 We encourage ACC to think about whether it needs to set more specific expectations with case managers and whether it needs to carry out targeted monitoring.

### **Seeking feedback from claimants transferring to another public organisation**

- 5.23 Although ACC collects feedback on much of its case management process, we did not see evidence that it collects feedback just before and when claimants leave ACC. Getting this feedback while ACC is still in a position to address any concerns would help case managers to co-ordinate a more seamless transition. It would also enable ACC to assess whether case managers are meeting its expectations to support a seamless transition.
- 5.24 One option might be an exit interview or survey carried out by an independent party. This could give people transferring to another public organisation the chance to tell ACC whether they felt case managers had done all they could to prepare them for the move.

- 5.25 ACC told us that it will consider how Heartbeat surveys could get feedback from claimants transferring to other public organisations. In our view, there are also wider opportunities that ACC could explore to actively seek feedback from these claimants about their experiences of transition.

### **Claimants with sensitive claims needing the support of other public organisations**

- 5.26 ACC funds providers to prepare claimants with sensitive claims for transition from the care of ACC to other public organisations, or to connect the claimant with organisations that can best meet their needs. This funding is available in situations where other organisations provide support that ACC cannot or when they provide support alongside ACC.
- 5.27 It was not clear to us how ACC knows how well these transitions are working in practice. We did not see how ACC seeks and assesses feedback from people receiving this support. This type of feedback could help ACC understand how well this support is meeting claimants' needs.
- 5.28 In our view, ACC could do more to gather the perspectives of people with sensitive claims to fully understand their experience with the providers that ACC provides funding to.
- 5.29 Sensitive claims will be included in Heartbeat surveys from the end of September 2020. ACC told us that it will now also look at whether it can include claimants' perceptions of how well it co-ordinates with other public organisations in those surveys.

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